EXHIBIT "A"

BEFORE THE PUBLIC UTILITIES COMMISSION OF THE STATE OF HAWAII

PUBLIC UTILITIES COMMISSION

PROTECTIVE AGREEMENT

2. I am employed by, retained by or assisting WEST MOUKH ASSIGNATION in Docket No. 2009-0048 and have requested review of the confidential information covered by the Amended Protective Order.

- 3. I understand the confidential information covered by the Amended Protective Order is to be used solely to assist with the confidential and that unless otherwise permitted by the Amended Protective Order, I am to make no other use of the confidential information, nor am I to disclose the confidential information to any other person.
- 4. I further understand that at the conclusion of my assistance to Work Moukat Association, I shall account for each copy, extract, note and summary of, or other document containing any part of such confidential information to the party claiming confidentiality and I shall abide by the provisions in paragraph 28 of the Amended Protective Order, unless otherwise permitted by paragraphs 29 and 30 of the Amended Protective Order.
- 5. I hereby certify that I have read the above-mentioned Amended Protective Order and agree to abide by its terms and conditions.

DATED at	Benvleder.	Harran, this 16 th Secember 2009.
		Signature White
		WILLIAM W. MILKS LAW OFFICE #977 ASB TOWER 1001 BUSHOP ST HONOLULU HT 96813 Address
		(808) 526-3923 Telephone Number

EXHIBIT "A"

BEFORE THE PUBLIC UTILITIES COMMISSION OF THE STATE OF HAWAII

PROTECTIVE AGREEMENT

- 1. I, Larry Fujino, have been presented with a copy of the
 Amended Protective Order filed by the Public Utilities Commission of the State of
 Hawaii in Docket No. 2009-0048 on the 11th day of December, 2009

 ("Amended Protective Order").
- 2. I am employed by, retained by or assisting
 West Molokai Association in Docket No. 2009-0048 and have requested
 review of the confidential information covered by the Amended Protective Order.
- I understand the confidential information covered by the Amended
 Protective Order is to be used solely to assist

West Molokai Association and that unless otherwise permitted
by the Amended Protective Order, I am to make no other use of the confidential
information, nor am I to disclose the confidential information to any other person.

- 4. I further understand that at the conclusion of my assistance to West Molokai Association, I shall account for each copy, extract, note and summary of, or other document containing any part of such confidential information to the party claiming confidentiality and I shall abide by the provisions in paragraph 28 of the Amended Protective Order, unless otherwise permitted by paragraphs 29 and 30 of the Amended Protective Order.
 - 5. I hereby certify that I have read the above-mentioned Amended Protective

Order and	agree to ablue by its te	erms and conditions.	
DATED at _ 20 <u><i>0</i> 9</u>	HONULULU	, HAWAII , this DECEN	19ER 15TH,
		Love to T	, .
		Signature X. Signature	'
		LARRY K. FUT 1000 BISHOP ST	/NO ., Suite 501-D
		Howalula, HI 9 Address	<u>6813 </u>
		(80g) 5ユ4ー80ユゲ Telephone Number	